

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS

CLERK US DISTRICT COURT  
NORTHERN DIST. OF TX  
FILED

2019 MAY 28 PM 3:49

DEPUTY CLERK 

RAMSEY A. KOUSSA  
Plaintiff

v.

**3-19CV-1271S**

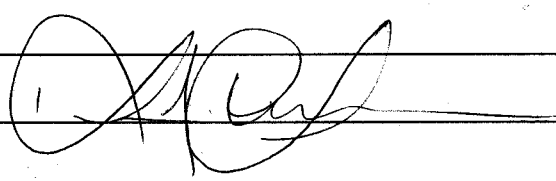
Civil Action No.

IRS/FBAR  
Defendant

COMPLAINT

IRS/FBAR APPLIED THE MAX. PENALTY FOR HAVING A FOREIGN BANK ACCOUNT THAT MY CPA (ACCOUNTANT) DID NOT ADVISE ME TO REPORT. MY ACCOUNTANT HAS IT IN WRITING THAT HE FAILED TO ADVISE ME TO DO SO FOR LACK OF KNOWLEDGE ABOUT FOREIGN ISSUES. SINCE I DID NOT KNOW, I PRAY THE COURT WILL FIND THAT I DID NOT REPORT DUE TO "UNWILLFUL" FAILURE ON MY PART.

\* Attach additional pages as needed.

Date MAY 28, 2019  
Signature   
Print Name RAMSEY A. KOUSSA  
Address 1445 BRITTANY WAY  
City, State, Zip ROCKWALL, TX 75087  
Telephone 214-738-5319

**U.S. Postal Service™**  
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Extra Services & Fees (check box, add fee as appropriate)	\$2.80	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
Total Postage and Fees	\$6.85	
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Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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 (Friday 03/01/2019)  
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 Receipt  
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 (9590940246468323820314)

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**AUSTIN, TX 73301**

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<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
Total Postage and Fees	\$6.85	
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

560E 9829 T000 09E0 9T02

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 DEPARTMENT OF THE  
 TREASURY  
 INTERNAL REVENUE SERVICE  
 AUSTIN, TX 73301-0002  
 9590 9402 4646 8323 8203 14

2. Article Number (Transmit for automatic mail processing)  
 7018 0360 0001 6786 3095

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed name) ☒ 1958 RECEIVED 1958

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:  
 IRS-AUSTIN, TEXAS

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

  
Ramsey Koussa  
1445 Brittany Way  
Rockwall, TX 75087

Department of the Treasury  
Internal Revenue Service  
Austin, TX 73301-0002

**Form 843**  
(Rev. August 2011)  
Department of the Treasury  
Internal Revenue Service

# Claim for Refund and Request for Abatement

OMB No. 1545-0024

▶ See separate instructions.

Use Form 843 if your claim or request involves:

- (a) a refund of one of the taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3,
- (b) an abatement of FUTA tax or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

Do not use Form 843 if your claim or request involves:

- (a) an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (use the appropriate amended tax return),
- (b) a refund of excise taxes based on the nontaxable use or sale of fuels, or
- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

Name(s) <b>Ramsey A. Koussa</b>	Your social security number <b>449-39-9114</b>
Address (number, street, and room or suite no.) <b>1445 Brittany Way</b>	Spouse's social security number <b>N/A</b>
City or town, state, and ZIP code <b>Rockwall, TX 75087</b>	Employer identification number (EIN) <b>N/A</b>
Name and address shown on return if different from above <b>N/A</b>	Daytime telephone number <b>214-738-5319</b>

<b>1 Period.</b> Prepare a separate Form 843 for each tax period or fee year. From <b>January 1, 2013</b> to <b>December 31, 2013</b>	<b>2 Amount to be refunded or abated:</b> \$ <b>109,676.72</b>
--	---

<b>3 Type of tax or fee.</b> Indicate the type of tax or fee to be refunded or abated or to which the interest, penalty, or addition to tax is related. <input type="checkbox"/> Employment <input type="checkbox"/> Estate <input type="checkbox"/> Gift <input type="checkbox"/> Excise <input checked="" type="checkbox"/> <b>FBAR Penalty</b> <input type="checkbox"/> Fee
---

<b>4 Type of penalty.</b> If the claim or request involves a penalty, enter the Internal Revenue Code section on which the penalty is based (see instructions). IRC section: <b>31-USC 5321</b>
---

<b>5a Interest, penalties, and additions to tax.</b> Check the box that indicates your reason for the request for refund or abatement. (If none apply, go to line 6.) <input type="checkbox"/> Interest was assessed as a result of IRS errors or delays. <input checked="" type="checkbox"/> A penalty or addition to tax was the result of erroneous written advice from the IRS. <input type="checkbox"/> Reasonable cause or other reason allowed under the law (other than erroneous written advice) can be shown for not assessing a penalty or addition to tax.
---

**b Date(s) of payment(s) ▶** **December 17, 2018 (Please see attached cancelled bank check)**

<b>6 Original return.</b> Indicate the type of fee or return, if any, filed to which the tax, interest, penalty, or addition to tax relates. <input type="checkbox"/> 706 <input type="checkbox"/> 709 <input type="checkbox"/> 940 <input type="checkbox"/> 941 <input type="checkbox"/> 943 <input type="checkbox"/> 945 <input type="checkbox"/> 990-PF <input type="checkbox"/> 1040 <input type="checkbox"/> 1120 <input type="checkbox"/> 4720 <input checked="" type="checkbox"/> Other (specify) ▶ <b>FBAR/FINCEN Form 114</b>
--

<b>7 Explanation.</b> Explain why you believe this claim or request should be allowed and show the computation of the amount shown on line 2. If you need more space, attach additional sheets.
---

1. I respectfully disagree with the outcome as specified in IRS Letter 5143 dated June 25, 2018. Please see attached the IRS letter.
2. I have made full payment as required by the IRS reference the FBAR penalty. Please see attached cancelled check.
3. Please mail me the IRS "Disallowance" letter, on an urgent basis.

**Signature.** If you are filing Form 843 to request a refund or abatement relating to a joint return, both you and your spouse must sign the claim. Claims filed by corporations must be signed by a corporate officer authorized to sign, and the officer's title must be shown.

Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature (Title, if applicable. Claims by corporations must be signed by an officer.)

Date

FEB. 27, 2019

Signature (spouse, if joint return)

Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 10180R

Form **843** (Rev. 8-2011)



Department of the Treasury  
Internal Revenue Service  
Appeals Office  
8700 Tesoro Dr., Suite 201  
Stop 8000SANC  
San Antonio, TX 78217

RAMSEY KOUSSA  
1445 BRITTANY WAY  
ROCKWALL, TX 75087

Date: 6-25-18

Person to contact:  
Name: Douglas E King  
Employee ID Number: 7420525  
Phone: 210-841-2118  
Fax: 855-536-6411  
Hours: 9:00 - 5:45 CST  
Re:  
Foreign Bank Account Reporting  
Tax periods ended:  
12/2013  
Amount of assessed penalties:  
\$100,000

Dear Ramsey Koussa:

I completed my review of your request to adjust the Report of Foreign Bank and Financial Accounts (FBAR) penalties the IRS proposed and/or assessed against you. Based on the facts presented, I find no basis for removal of the penalties for the reasons I explain below. The Appeals Office has closed your case.

**Reason for sustained penalty**

Based on a review of Exam's administrative file, your protest, and your submissions, Appeals has sustained Exam's determination that you willfully failed to timely file an FBAR for tax year 2013. You were required to disclose ownership of your account at a foreign bank and file an FBAR for the year. Affirmative actions that establish a willful violation include, but are not limited to, you did not disclose on Form 1040 for tax year 2013 that you had an interest in or a signature or other authority over a financial account in a foreign country; you did not disclose foreign account information to the return preparer; and, you signed your tax return under penalty of perjury. The arguments you presented verbally and in writing do not support a different determination.

**What to do if you don't agree**

If you don't agree with this determination, you may be able to seek recovery of FBAR penalties that were previously paid by filing suit in the United States District Court or the United States Court of Federal Claims. For information about procedures for filing suit, contact the clerk of your United States District Court or the United States Court of Federal Claims.

If you have additional questions, contact the person whose name and telephone number are shown above.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Anita R Allis".

Anita R Allis  
Appeals Team Manager

Enclosures: None

cc: GARRETT GREGORY, ESQ.

# CHASE PRIVATE CLIENT

Printed from Chase Private Client

## Check

Front

SSN 449-39-9114

32-01 9750  
1110

1006

RAMSEY A. KOUSSA  
1445 BRITTANY WAY  
ROCKWALL, TX 75087-7371

DATE NOV. 29, 2018

PAY TO THE ORDER OF US DEPARTMENT OF TREASURY \$ 109,676<sup>72</sup>

ONE HUNDRED NINE SIX SEVENTY SIX & <sup>72</sup>/<sub>100</sub> DOLLARS

CHASE

JPMorgan Chase Bank, N.A.  
www.chase.com

MEMO 2013 FBAR PENALTY

⑈⑈⑈1000614⑈ 520581583 1006 ⑈0010967672⑈

[Back](#)

**ENDORSE HERE**

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE  
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FEDERAL RESERVE BOARD OF GOVERNORS REG. CG

The following features listed as well as those:  
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Security Screen  
  
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- Absence of "recurrent" markings  
  
as well as those:  
- vent alignment  
- all approvals  
- 1 photocopied  
if appears with  
all "recurrent"

**Federal Reserve Service RECEIVED**  
**DEC 13 2018**  
**FBAR Penalty**  
**Detroit, MI**

**Post date**

Check #

**Check amount**

Dec 17, 2018

1006

**\$109,676.72**

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

RECEIVED

MAY 28 2019

CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF TEXAS

## I. (a) PLAINTIFFS

RAMSEY A. KOUSSA

## DEFENDANTS

IRS/FBAR

(b) County of Residence of First Listed Plaintiff

ROCKWALL

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

(c) Attorneys (Firm Name, Address, and Telephone Number)

1445 BRITTANY WAY  
ROCKWALL, TX 75087

3-19CV-1271S

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                                   | DEF                                   |   | PTF                        | DEF                        |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2            | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSD Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

REFUND &amp; REQUEST FOR ABATEMENT OF PENALTIES

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

## VIII. RELATED CASE(S)

IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

MAY 28, 2019

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE